



New Jersey Department of Environmental Protection
Site Remediation Program

REMEDIATION COST REVIEW AND RFS/FA FORM

☐ LSRP ☐ Subsurface Evaluator (UHOT)

Date Stamp
(For Department use only)

SECTION A. SITE NAME AND LOCATION

Site Name: _____
List All AKAs: _____
Street Address: _____
Municipality: _____ (Township Borough or City)
County: _____ Zip Code: _____
Program Interest (PI) or RFS Number(s): _____
Case Tracking Number(s): _____

SECTION B. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION

Full Legal Name Person Responsible for Conducting Remediation: _____
Representative First Name: _____ Representative Last Name: _____
Title: _____
Mailing Address: _____
Municipality: _____ State: _____ Zip Code: _____
Phone Number: _____ Ext: _____ Fax: _____
Email Address: _____

☐ I am also the person responsible for establishing and maintaining a Remediation Funding Source (RFS).

Billing Contact

☐ Same as Person Responsible for Conducting Remediation / Representative listed above.

Name of Organization: _____
Name of Billing Contact: _____ Title: _____
Mailing Address: _____
Municipality: _____ State: _____ Zip Code: _____
Phone Number: _____ Ext: _____ Fax: _____
Email Address: _____

EXEMPTION CLAIM FOR RFS ONLY (not FA)

If claiming an exemption from the requirement to post Remediation Funding Source pursuant to N.J.A.C. 7:26C-5.2(b), please check the appropriate box below and do not complete sections C through H:

- ☐ Environmental Opportunity Zone (please include the Municipal Ordinance Number designating the property as an Environmental Opportunity Zone and notice of Municipal approval)
- ☐ Innovative remedial action technology (please attach documentation supporting the claim of innovative remedial action technology)
- ☐ Unrestricted or limited restricted use remedial action
- ☐ Government entity
- ☐ Remediation at primary or secondary residence
- ☐ Owner or operator of a licensed child care center
- ☐ Public, private or charter school

NOTE: If the exemption is only for a portion of the site, you must complete section C through H for the portion of the site that does not meet the exemption criteria. See instructions.

SECTION C. PURPOSE OF SUBMISSION

Check all that apply

- ☐ Initial Remediation Funding Source pursuant to N.J.A.C. 7:26C-5.2(a) (*attach original RFS instrument and 1% surcharge payment, as applicable*)
- ☐ Initial Financial Assurance for a Remedial Action Permit pursuant to N.J.A.C. 7:26C-7 (*attach original FA instrument*)
- ☐ Initial Direct Oversight Remediation Trust Fund Agreement pursuant to N.J.A.C. 7:26C-14.2(b)5 (*attach original RTF instrument and 1% surcharge payment*)

- ☐ Initial Direct Oversight Remediation Cost Review pursuant to N.J.A.C. 7:26C-14.2(b)4
- ☐ Annual Remediation Cost Review pursuant to N.J.A.C. 7:26C-5.10 (*attach RFS instrument verification and valuation*)
- ☐ Biennial Cost Review pursuant to N.J.A.C. 7:26C-7.10 (*Remedial Action Permits*)

- ☐ Change in Remediation Funding Source or Financial Assurance Amount pursuant to N.J.A.C. 7:26C-5.11
- ☐ Change in Remediation Funding Source or Financial Assurance Mechanism pursuant to N.J.A. 7:26C-5.11(d)
- ☐ Remediation Funding Source Disbursement Notification pursuant to N.J.A.C. 7:26C-5.12(a)
- ☐ Remediation Funding Source Disbursement Request pursuant to N.J.A.C. 7:26C-5.12(b) – Direct Oversight only
- ☐ Remediation Funding Source/Financial Assurance Disbursement Request pursuant to N.J.A.C. 7:26C-5.13(d) – Department held RFS/FA

- ☐ Request Release of the Remediation Funding Source or Financial Assurance pursuant to N.J.A.C. 7:26C-5.11(e)
- ☐ Using a Remediation Funding Source as Financial Assurance

SECTION D. TYPE AND AMOUNT OF REMEDIATION FUNDING SOURCE OR FINANCIAL ASSURANCE POSTED

Initial or Existing Mechanism for ☐ RFS or ☐ FA

Check all that apply

- ☐ Letter of Credit
- ☐ Remediation Trust Fund
- ☐ Self Guarantee
- ☐ Line of Credit
- ☐ Environmental Insurance Policy
- ☐ Direct Oversight Remediation Trust Fund
- ☐ Fully Funded Trust (Existing only pre-June 1993)
- ☐ Performance Bond (Existing only pre-June 1993)
- ☐ Surety Bond (Existing only pre-June 1993)

Replacement Mechanism for ☐ RFS or ☐ FA

Check all that apply

- ☐ Letter of Credit
- ☐ Remediation Trust Fund
- ☐ Self Guarantee
- ☐ Line of Credit
- ☐ Environmental Insurance Policy
- ☐ Direct Oversight Remediation Trust Fund

1. Expiration Date of Remediation Funding Source or Financial Assurance Posted:
2. Amount of Remediation Funding Source or Financial Assurance posted prior to any increase, reduction, or disbursement addressed in this submission:
3. Do you want to disburse, reduce, or increase the amount of the Remediation Funding Source?..... ☐ Yes ☐ No
If "Yes," specify below:
☐ Disburse RFS ☐ Reduce RFS ☐ Increase RFS by (amount):

SECTION E. REMEDIATION COST ESTIMATION

1. Indicate the method(s) used to calculate the remediation cost review/estimate: *(Check all that apply)*
 - ☐ RACER® *(attach documentation for estimate)*
 - ☐ Cost-Pro® *(attach documentation for estimate)*
 - ☐ Surrogate Cost (applicable to ISRA Remediation Certifications)
 - ☐ Calculated independently by LSRP/Consultant using *(attach documentation used to generate calculation)*:
 - ☐ Actual competitive bid(s)
 - ☐ Internal company data
 - ☐ Other commercially available software. Specify: _____
 - ☐ Other. Specify: _____
2. Estimated cost:
 - To complete remediation: _____
 - or**
 - For Financial Assurance: _____
3. Full legal name of person who prepared the cost estimate: _____

SECTION F. COST REVIEW FOR REMEDIATION FUNDING SOURCE OR FINANCIAL ASSURANCE

1. Remediation Funding Source – due annually

- a. Date of most recent prior cost estimate: _____
- b. Total monies spent to date to remediate the site: _____
Attach detailed summary of monies spent to remediate.
- c. Estimated remaining costs to complete the remediation: _____
Attach detailed estimate of remaining costs to complete remediation.
- d. Provide an explanation of any changes from most recent prior cost estimate.

2. Financial Assurance – due biennially

- a. Date of most recent prior cost estimate: _____
- b. Current cost estimate to operate, maintain and monitor the engineering control: _____
- c. Provide an explanation of any changes from most recent prior cost estimate.

**SECTION G. LSRP AUTHORIZED DISBURSEMENTS NOTIFICATION AND
REQUEST FOR NJDEP REDUCTION APPROVAL**

1. Date previous notification/request submitted:
2. For Remediation Trust Funds and Lines of Credit:
 - a. Date the LSRP authorized disbursement (*Attach copy of authorization*):
 - b. Total amount of the authorized disbursement:
 - c. Date the holder of the RFS mechanism disbursed the funds:
 - d. Amount of RFS remaining after disbursement.....
3. For NJDEP authorized reductions:
 - a. Amount of funds you are requesting the NJDEP authorize for reduction:
 - b. Provide RFS account information (e.g., bank name, account number, etc.):

SECTION H. REQUEST FOR NJDEP AUTHORIZED DISBURSEMENTS

ONLY for sites subject to Direct Oversight pursuant to N.J.A.C. 7:26C-14 and disbursement requests in accordance with N.J.A.C. 7:26C-5.13

1. Total amount of requested disbursement
2. Provide the name, address, telephone number, email and tax identification number of all parties to receive payment from this disbursement and amount of each payment.
3. Attach a description of remediation costs incurred or to be incurred and the specific remediation that has or will be completed under this request including the following documentation:
 - a.) For remediation costs that have been incurred, include a Remediation Report documenting the completion of the remediation activities; or
 - b.) For remediation costs to be incurred, include a proposed scope of work of the remediation activities to be completed.
4. Attach an estimate of all remaining costs to complete the remediation.

SECTION I. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION

Full Legal Name of the Person Responsible for Conducting the Remediation: _____

Representative First Name: _____ Representative Last Name _____

Title: _____

Phone Number: _____ Ext: _____ Fax: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

☐ The person responsible for conducting the remediation is the person responsible for establishing and maintaining a remediation funding source/financial assurance.

This certification shall be signed by the person responsible for conducting the remediation who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.

I certify I am fully aware of the requirements of N.J.A.C. 7:26C-5 et seq. as they pertain to Remediation Funding Sources and Financial Assurances and the language of any provided Remediation Funding Source or Financial Assurance instrument does not deviate in any way from the language in the Department's model documents found at www.nj.gov/dep/srp/guidance/rfsguide except as approved by the Department.

For disbursement notification or request pursuant to N.J.A.C. 7:26C-5.12 or 5.13(d), I certify that the disbursement relates to actual remediation costs, incurred or to be incurred, and does not include ineligible legal fees.

Signature: _____ Date: _____

Name/Title: _____

SECTION J. PERSON ESTABLISHING AND MAINTAINING A REMEDIATION FUNDING SOURCE/FINANCIAL ASSURANCE (complete if different person than Section I)

Full Legal Name of Person Establishing and Maintaining a Remediation Funding Source: _____

Representative First Name: _____ Representative Last Name: _____

Title: _____

Phone Number: _____ Ext: _____ Fax: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

This certification shall be signed by the person establishing and maintaining a remediation funding source/financial assurance who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.

I certify I am fully aware of the requirements of N.J.A.C. 7:26C-5 et seq. as they pertain to Remediation Funding Sources and Financial Assurances and the language of any provided Remediation Funding Source or Financial Assurance instrument does not deviate in any way from the language in the Department's model documents found at www.nj.gov/dep/srp/guidance/rfsguide except as approved by the Department.

For a disbursement notification or request pursuant to N.J.A.C. 7:26C-5.12, I certify that the disbursement relates to actual remediation costs, incurred or to be incurred, and does not include ineligible legal fees

Signature: _____ Date: _____

Name/Title: _____

SECTION K. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT

LSRP ID Number: _____

First Name: _____ Last Name: _____

Phone Number: _____ Ext: _____ Fax: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

This statement shall be signed by the LSRP who is submitting this notification in accordance with SRRA Section 16 d. and Section 30 b.2.

I certify that I am a Licensed Site Remediation Professional authorized pursuant to N.J.S.A. 58:10C to conduct business in New Jersey. As the Licensed Site Remediation Professional of record for this remediation, I:

[SELECT ONE OR BOTH OF THE FOLLOWING AS APPLICABLE]:

- ☐ *directly oversaw and supervised all of the referenced remediation, and/or*
☐ *personally reviewed and accepted all of the referenced remediation presented herein.*

I believe that the information contained herein, and including all attached documents, is true, accurate and complete.

It is my independent professional judgment and opinion that the remediation conducted at this site, as reflected in this submission to the Department, conforms to, and is consistent with, the remediation requirements in N.J.S.A. 58:10C-14.

My conduct and decisions in this matter were made upon the exercise of reasonable care and diligence, and by applying the knowledge and skill ordinarily exercised by licensed site remediation professionals practicing in good standing, in accordance with N.J.S.A. 58:10C-16, in the State of New Jersey at the time I performed these professional services.

I am aware pursuant to N.J.S.A. 58:10C-17 that for purposely, knowingly or recklessly submitting false statement, representation or certification in any document or information submitted to the board or Department, etc., that there are significant civil, administrative and criminal penalties, including license revocation or suspension, fines and being punished by imprisonment for conviction of a crime of the third degree.

For a disbursement notification or request pursuant to N.J.A.C. 7:26C-5.12(a) and (c), I certify that the disbursement relates to actual remediation costs, incurred or to be incurred, and does not include ineligible legal fees.

LSRP Signature: _____ Date: _____

LSRP Name/Title: _____

Company Name: _____

Completed forms should be sent to:

Bureau of Case Assignment & Initial Notice
Site Remediation Program
NJ Department of Environmental Protection
401-05H
PO Box 420
Trenton, NJ 08625-0420

SECTION K. SUBSURFACE EVALUATOR INFORMATION AND STATEMENT

I certify under penalty of law that the work was performed under my oversight and I have reviewed the report and all attached documents, and the submitted information is true, accurate and complete in accordance with the requirements of N.J.A.C. 7:14B and N.J.A.C. 7:26E. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information including fines and/or imprisonment.

Name: _____	UST Cert. No.: _____
Firm: _____	Firm's UST Cert. Number: _____
Firm Address: _____	
City/Town: _____	State: _____ Zip Code: _____
Phone Number: _____	Ext: _____ Fax: _____
Signature: _____	Date: _____

Completed forms should be sent to:

Bureau of Case Assignment & Initial Notice
Site Remediation Program
NJ Department of Environmental Protection
401-05H
PO Box 420
Trenton, NJ 08625-0420